

KENTUCKY BOARD OF NURSING  
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ADVISORY OPINION STATEMENT

**ROLES OF NURSES IN THE IMPLEMENTATION OF PATIENT CARE ORDERS**

The Kentucky Board of Nursing has received numerous inquiries regarding the roles of nurses in the receipt and implementation of orders for prescribed medications and treatments. After study of the statutes governing nursing practice and the various questions posed in the inquiries, the Kentucky Board of Nursing issued opinions on this subject as contained herein.

**Accountability and Responsibility of Nurses**

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

**Statutes**

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
  - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - 3. Intervening when emergency care is required as a result of drug therapy;
  - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;

- 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nurse" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

### **Advisory Opinions**

Nurses are held responsible and accountable for their decisions regarding the receipt and implementation of patient care orders based upon the individuals' educational preparation and experience in nursing. The nurse's practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based

#### **1. Roles of Nurses in the Receipt of Direct Verbal Orders or Conveyed via the Telephone**

It is within the scope of nursing practice for registered nurses or licensed practical nurses to accept direct and telephone orders of a qualified prescriber/provider and/or an intermediary. However, state and federal regulations governing the operation of various health care facilities have established rules regarding the receipt of verbal orders by nurses. Therefore, nurses should accept verbal orders according to established policy of the health care facility that complies with the applicable state and federal regulations. (For additional information contact: The Cabinet for Health and Family Services, Office of Inspector General, Frankfort, Kentucky 40621).

#### **2. Verbal/Telephone Orders – Repeat and Verify**

When accepting any verbal order, whether received directly or via the telephone, the nurse should repeat the order back to the provider, receive verification from the provider that the order is correct, and document that this was done. Where possible, the nurse should first

put the order in writing and then immediately read it back to the provider for verification, and subsequently document that the "repeat and verify" step was done.

**3. Roles of Nurses in the Receipt of Orders Conveyed by an Intermediary or Agent of the Physician/Provider**

An order of a qualified provider for patient care which is conveyed by someone other than the provider (e.g., pharmacist, clerical staff, etc.) may be accepted by nurses, providing the individual conveying the order is acting as a direct intermediary or agent of the physician/provider.

The Office of the Attorney General, in OAG 79-506, addressed the issuance of orders through an intermediary of the physician. The Opinion speaks to the need for a nurse to exercise judgment to authenticate that the order is indeed an order of the physician and that: "If a nurse has doubt about the validity or the authenticity of an order, she should be careful to check it directly with the physician." (A copy of the opinion may be obtained from the Office of the Attorney General, Frankfort, Kentucky 40601.)

Safeguards should be taken to implement a procedure that will provide for safe and effective care when an intermediary of the physician/provider conveys written or verbal orders. As stated above, when accepting verbal orders, the nurse should repeat and verify the order. When possible, any order, which is conveyed through an intermediary of the physician/provider, should be put in writing and contain the name of the physician/provider, intermediary, and the person receiving/documenting the order.

A nurse may serve as an intermediary for a health care provider in accordance with the employing agency's policies.

**A. Roles of Nurses in the Implementation of Orders Issued by an ARNP**

As authorized by KRS Chapter 314, nurses may implement orders issued by an advanced registered nurse practitioner

**B. Roles of Nurses in the Implementation of Orders Written by a Physician Assistant<sup>1</sup>**

KRS 311.858 permits physician assistants to practice medicine or osteopathy with physician supervision. A physician assistant may perform those duties and responsibilities that are delegated by the supervising physician. A physician assistant is considered an agent of the supervising physician. The statute further authorizes physician assistants to prescribe and administer nonscheduled legend drugs and medical devices to the extent delegated by the supervising physician. KRS 314.011(6)(c) and KRS 314.011(10) state that registered nursing practice and licensed practical nursing practice includes "...the administration of medication or treatment as authorized by a physician, physician assistant, dentist or advanced registered nurse practitioner...."

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<sup>1</sup> For information regarding the regulation, supervision and certification of the physician assistant, contact the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. (502-429-8046).

The nurse should be familiar with the supervising physician's practice relationship with the physician assistant. An order issued independently by a physician assistant is not considered a legal patient care order. If a nurse has reason to believe that a physician assistant is practicing independently of the supervising physician or has otherwise violated the applicable law, the nurse should report this to the supervising physician and to the Kentucky Board of Medical Licensure and should not implement the order.

Also, if a nurse has reason to question the appropriateness of a physician assistant's order, the nurse should contact the supervising physician and follow Section 5.

#### **C. Roles of Nurses in the Implementation of Orders Written by a Pharmacist**

Nurses may implement orders written by a pharmacist when the pharmacist is functioning under a collaborative care agreement pursuant to KRS 315.010.

#### **4. Receipt of Orders by Clerical Staff**

Policies and procedures of a health care facility should clarify whether clerical staff may receive and transcribe orders of the physician/provider. A nurse who implements an order is responsible for assuring the order is appropriate, accurate, and complete.

#### **5. Roles of Nurses in Questioning the Appropriateness of an Order and Refusal to Implement an Order**

Pursuant to KRS 314.011(6) and 314.021(2), a registered nurse is an independent professional licensed to exercise independent judgment regarding the well-being of patients. Pursuant to KRS 314.011(10) and 314.021(2), a licensed practical nurse provides care and exercises judgment under the direction of a registered nurse, a licensed physician or dentist.

The duty to exercise independent and sound judgment, based upon an individual's educational preparation and experience, is personal to each licensee and may not be relinquished to others. This duty takes precedence over physician/provider instructions or facility policies where following such instructions or policies would risk harm to a patient.

It is the responsibility and the obligation of a nurse to question a patient care order that is deemed inappropriate by a nurse according to his/her educational preparation and clinical experience. In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse should not implement the order until it is verified for accuracy with the physician/provider.

A nurse is obligated to not change an order of a physician/provider without the physician/provider's order to do so. The nurse who has deemed that an order is inappropriate for a patient should:

- A. Follow the appropriate channels of communication to inform both the physician/provider giving the order and the nursing supervisor that the order has not been executed pending clarification/verification.
- B. Work collaboratively with the physician/provider and appropriate nursing personnel to reach a resolution in the matter.

## **6. Use of Protocols, Standing Orders, and Routine Orders**

The terms "protocol," and "standing or routine orders," are not defined in the *Kentucky Nursing Laws* (KRS Chapter 314) and are often used differently in various health care settings. Such orders may apply to all patients in a given situation or be specific pre-printed orders of a given physician/provider. The determination as to when and how "protocols and standing/routine orders" may be implemented by nurses is a matter for internal deliberation by the health care facility.

It was the advisory opinion of the Board that:

Nurses may implement physician/provider issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/provider. In addition, protocols and standing/routine orders should be officially approved by the facility medical and nursing staff, or approved by the prescriber for the individual patient.

## **7. Completion of Written Prescriptions Containing Incomplete Information and Use of Pre-signed Blank Prescriptions**

It is not within the scope of nursing practice for a nurse to independently insert/write in a dosage/time (frequency)/ route on a prescription or in a medical order blank space. These are components of prescribing and should be determined by the prescriber. In addition, it is illegal for a nurse to fill in a blank prescription that has been a pre-signed by a prescriber.

## **Determining Scope of Practice**

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. The Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be purchased from the Board office or downloaded from the KBH website at <http://kbn.ky.gov>.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

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